

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09781823	FILING DATE 02/12/01					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11	1						61					
12	1						62					
13		1					63					
14		1					64					
15	1						65					
16		1					66					
17		1					67					
18		1					68					
19	1						69					
20		1					70					
21	1						71					
22		1					72					
23							73					
24							74					
25							75					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.					
TOTAL DEP.	17	↓	↓	↓			TOTAL DEP.	↓	↓	↓		
TOTAL CLAIMS	22	\$32.00					TOTAL CLAIMS					